. Yes No 🐼	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	rt any other assets, "unearned" or exemption? Do not answer	Exemptions— Have you excluded from this repo
Yes 🗌 No 🗹	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Trusts" approved by the Comm this report details of such a t	Trusts- Details regarding "Qualified Blind disclosed. Have you excluded fro
ONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	T, OR TRUST INFORM	EXCLUSION OF SPOUSE, DEPENDEN
	schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.
d the appropriate	Each question in this part must be answered and the appropriate	ie liability Yes 🔽 No 🗌	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?
	If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.
Yes No	Did you have any reportable agreement or arrangement with an outside IX. entity?	xchange any reporting Yes ✔ No ☐	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting
	If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.
n the Yes 🕢 No 🗌	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	asset worth Yes ✓ No	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the restor?
	If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.
avelor 335 Yes 🗹 No 🗌	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	in lieu of paying d? Yes ☐ No ✔	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?
	If yes, complete and attach Schedule VI.		if yes, complete and attach Schedule I.
ntin Vise Yes □ No ✓	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt?	or fees) of \$200 Yes 🔲 No 🗸	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?
	OF THESE QUESTIONS	ANSWER EACH OF THESE	PRELIMINARY INFORMATION ANSW
late.		Amendment Termination	(Annual (May 15)
more than 30 days	Termination Date:		Report
be assessed against	Employee	District: 06	House of Representatives
U.S. HOUSE OF A STREET ENTATIVES A \$200 penalty shall	Employing Office:	State: AZ	✓ Member of the U.S.
(Office Hse Only)	(Daytime Telephone)		(Full Name)
MODITMAY 12 PM 1:11	202.225.2635	Ϋ́Ε.	JEFFREY L. FLAKE
THE STORINGS OF THE 18TH			
HANDUELVERED	FORM A Page 1 of 6 For use by Members, officers, and employees	PRESENTATIVES URE STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

SCHEDOL	SCHEDULE III - ASSE IS AND "UNEAKNED INCOME	Name JEFFREY L. FLAKE	BLOCK C	BLOCK D
Asse Identify (a) ea a fair market	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which	Year-End Value of Asset at close of reporting	Type of Income Check all columns that apply. For retirement accounts that do not	Amount of income For retirement accounts that do not allow you to choose specific investments or that
and (b) any or generated mo Provide comp symbols.)	and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.)	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used if an	accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) specific IDAA) you may	specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets indicate the category
For all IRAs and self-directed (i.e. exercised, to sel asset held in the retirement account of the institution reporting period.	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	asset was sold and is included only because it is generated income, the value should be "None."	check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting	of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
For rental or address.	For rental or other real property held for investment, provide a complete address.		period.	
For an owner publically tradactivities, and	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.			
Exclude: You vacation hom	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting			
JT	326 West 4620 North Provo, UT 84604	\$250,001 - \$500,000	RENT	\$23,100
JT	Apple Inc.	\$15,001 - \$50,000	CAPITAL GAINS	\$8,342
-	Research in Motion	\$15,001 - \$50,000	CAPITAL GAINS	\$17,498

SCHEDULE IV - TRANSACTIONS

Name JEFFREY L. FLAKE

Page 3 of 6

transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange

	-				
SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	Apple, Inc.	ָ ס י	N/A	04/27/2010	\$1,001 - \$15,000
JT	Apple, Inc.	ס	N/A	08/13/2010	\$1,001 - \$15,000
JT	Apple, Inc.	ס	N/A	10/07/2010	\$1,001 - \$15,000
JT	Apple, Inc.	ס	N/A	09/28/2010	\$1,001 - \$15,000
JT	Apple, Inc.	ס	N/A	01/06/2010	\$15,001 - \$50,000
JT	Apple, Inc.	S	Yes	11/01/2010	\$1,001 - \$15,000
JT	Apple, Inc.	S	Yes	07/08/2010	\$1,001 - \$15,000
JT	Apple, Inc.	S	Yes	02/03/2010	\$1,001 - \$15,000
JT	Research in Motion	Р	N/A	04/16/2010	\$1,001 - \$15,000
JT	Research in Motion	S	Yes	04/21/2010	\$1,001 - \$15,000
JT	Research in Motion	S	Yes	01/05/2010	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name JEFFREY L. FLAKE

Page 4 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

North, Provo, UT 84604	August N	CHIMORI GAGE, Inc.	٢
200			1
Type of Liability	Incurred	Creditor	Ğ
	Liability		DC,
	Date		SP,

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name JEFFREY L. FLAKE Page 5 of 6

sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foderal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

SCHEDULE VIII - POSITIONS

Name JEFFREY L. FLAKE

Page 6 of 6

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.